	APOLLO HOSPITALS, SECUNDERABAD		MOM – 05
	POLICY ON SAFE DISPENSING OF MEDICATIONS		Issue: C
			Date: 06-01-2017
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PREPARED BY: Dy. Medical Superintendent		APPROVED BY: Chief Executive Officer	

1. PURPOSE

1.1. To ensure safe dispensing of Medications.

2. SCOPE

2.1. This policy and procedure is applicable to all medications that are dispensed from IP and OP pharmacy and medications that are stocked in wards/ICUs/diagnostics.

3. DEFINITION

3.1. NIL


4. RESPONSIBILITY

4.1. Doctor, Nurses and IP & OP Pharmacy in- charges are responsible to implement this policy and procedure.

5. POLICY

5.1. Apollo Hospital, Secunderabad ensures safe dispensing of medications to patients.

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6. PROCEDURE

- 6.1. Medication Recall Procedure (IP Pharmacy)
- 6.2. Physician samples will not be permitted in the hospital
- 6.3. Medications are recalled from the different Points of use of Hospital based on
 - 6.3.1. Any Communication from regulatory authority.
 - 6.3.2. Internal Feedback from Hospital Staff.
 - 6.3.3. Complaints
 - 6.3.4. Adverse Drug Event / Reaction (if due to contamination).

REFER-Policy on drug recall

- 6.4. Pharmacy In-charge is responsible to decide on recalling of any medication.
- 6.5. Once the drug to be recalled is identified the List of issues of identified drug is taken from Hospital Information System (Pharmacy Module)
- 6.6. Pharmacist should inform the concerned Nurse not to use such drugs.
- 6.7. Concerned Nurses and Pharmacist should ensure return of such drug to IP Pharmacy immediately.
- 6.8. The details of such identified drugs to be provided to Hospital Formulary Committee for review in the forthcoming meeting.
- 6.9. Formulary committee and IP Pharmacy In-charge should decide and act upon communication to Manufacturer / distributor / supplier / government agencies, as appropriate.

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6.10. Checking Expiry


Expiry dates of all drugs are to be checked during the following conditions

- 6.10.1. Receiving drug at IP pharmacy (by Pharmacist)
- 6.10.2. Monthly check for near expiry drug at IP pharmacy (by Pharmacist)
- 6.10.3. Issuing drug from pharmacy to ward / ICU and diagnostics (by Pharmacist)
- 6.10.4. Receiving drug from IP Pharmacy to ward / ICU and diagnostics (by Nurse)
- 6.10.5. Preparation of medications for administering to patient (by Nurse)
- 6.10.6. Before administering medication to patient (by Nurse)

6.11. Labeling

- 6.11.1. In case the drugs are required to be issued in small number than complete foil, the tablets are placed in an envelope which will be labeled with name, strength, dose and expiry date.
- 6.11.2. Medications should be labeled for the following conditions,
- 6.11.3. Any time, one or more medications are prepared but are not administered immediately; the medication container must be appropriately labeled.
- 6.11.4. (Note: The medication container can be any storage device such as a plastic bag, syringe, bottle, or box which can be labeled and secured in such a way that it can be readily determined that the contents are intact and have not expired.)
- 6.11.5. All medications, medication containers (e.g. syringes, medicine cups, basins), or other solutions on and off the sterile field and other procedural settings must be labeled

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6.11.6. Labeling should be done when any medication or solution is transferred from the original packaging to another container.

6.11.7. Any medication or solution found unlabeled is immediately discarded.

6.11.8. All labels are verified both verbally and visually. No more than one medication or solution is labeled at one time.

6.12. At a minimum, all medication are labeled with,

6.12.1. Drug name, (if not apparent from the container),

6.12.2. Strength.

6.12.3. Expiry details

6.13. For all compounded IV admixtures and parenteral nutrition solutions, the date of preparation and the diluents.

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